

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/344,189
	Filing Date	June 24, 1999
	First Named Inventor	Charles E. Rogler
	Art Unit	1632
	Examiner Name	N.A.
	Attorney Docket Number	03368/100D888-US1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

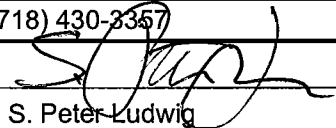
Petitioner's client has failed to pay one or more bills rendered by the petitioner for an unreasonable amount of time. 37 C.F.R. 10.40(c)(1)(vi).

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John L. Harb Office of Biotechnology		
Address	Albert Einstein College of Medicine 1300 Morris Park Avenue		
City	Bronx	State	NY
Country			
Telephone	(718) 430-3357	Email	harb@aecom.yu.edu
Signature			
Name	S. Peter Ludwig	Registration No.	25,351
Date	January 4, 2007	Telephone No.	(212) 527-7770

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.